	PAILIT	Effect			96	5	23	37					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									TITY	OR	OTHER SMALL	
TOTAL CLAIMS								RATE		FEE	Ì	RATE	FEE `
FO	R	NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	∖ minus 20=		•]	X\$ 9=			OR	X\$18=		
INC	EPENDENT C	minus 3 =		*			X42=		,	OR	X84=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT			´ 🗆		+140=			OR	+280=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTA			OR	TOTAL	
	CLAIMS AS AMENDED - PART II								- 1],	OTHER	THAN
ļ,		(Column 1)	(Column 2) (Column Extra Highest			(Column 3)	SMAI	LL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F		PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 19	Minus	- / /		=/]	X\$ 9	-		OR	X\$18=	
AME	Independent							X42=	-		OR	X84=	
╄┷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ل	+140	_		OR	+280=	
ì	, /						TOTAL ADDIT, FEE					TOTAL ADDIT, FEE	
7	(Column 2) (Column 3)							AUUII. P	CC L		•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	. 19	Minus	** /	9	= 0	.	X\$ 9	-		OR	X\$18	
AME	Independent	* CONTACTION OF MIL	Minus	ENDENT	CLANA	<u>- 22-</u>	4	X42=	=		OR	X84=	
1	, morrheoe		JETTIFUE DE	ENDENI	OL/MIN/I		.	+140	_		OR	+280=	
								TOT ADDIT, F				TOTAL ADDIT. FEE	
_		(Column 1)		(Colur		(Column 3					-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total		Minus	••		3] [X\$ 9:	3		OR	X\$18=	
AME	Independent	A TATION OF MI	Minus	###	CO 4114]=	↓ [X42=			OR	X84=	
-	I INOI PRESE	NTATION OF MU		CNUEN	CLAIM		┙╽	+140:	_		OR	+280=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"										OB I	TOTAL		
	If the "Highest Nu	mber Previously Penber Previously Pen	aid For IN TH	IS SPACE	s less tha	n 3, enter "3."	, ,			ropriate bo	, ,	ADDIT. FEE	

Application or Docket Number